



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Examiner: Dang T. Ton

Applicant: Yafuso et al.

Group Art Unit: 2666

Serial No.: 09/881,410

Filed: June 14, 200

For: METHOD AND APPARATUS FOR PROVIDING A PRIVATE COMMUNICATION
SYSTEM IN A PUBLIC SWITCHED TELEPHONE

PETITION UNDER 35 U.S.C. §118 AND 37 C.F.R. §1.47
TO ALLOW COINVENTORS TO SIGN DOCUMENTS ON BEHALF OF INVENTOR WHO
CANNOT BE FOUND OR REACHED

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

After diligent effort one of the coinventors, Eric J. Lekven, cannot be found or reached, or refuses to execute declaration documents necessary to preserve the rights of the parties or to prevent irreparable damage.

Accompanying this petition is a declaration signed by the undersigned indicating the steps taken to obtain the signature of coinventor Eric J. Lekven.

Petition is therefor hereby made to allow the remaining coinventors to sign such declaration documents on behalf of coinventor Eric J. Lekven.

STATEMENT OF FACTS ESTABLISHING LACK OF SIGNATURE OF AN INVENTOR

Applicant left a voicemail message the week of August 9th and did not receive a return phone call.

Applicant left a voicemail message the week of August 23rd and did not receive a return phone call.

07/14/2005 HUUONG1 00000017 170026 09881410
03 FC:1463 200.00 DA

Adjustment date: 10/11/2005 AKELLEY
07/14/2005 HUUONG1 00000017 170026 09881410
03 FC:1463 200.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10-8-05</u>		2 Serial/Patent # <u>09/881,410</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	IFW	7-13-05	\$ 200							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 200								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>7</td><td>--</td><td>0</td><td>0</td><td>2</td><td>6</td></tr></table>		1	7	--	0	0	2	6
1	7	--	0	0	2	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
Already paid fee on 8-21-04											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Charles S. Brantley</u>		TITLE: <u>Petitions Att'y</u>									
SIGNATURE: <u>Charles S. Brantley</u>		PHONE: <u>571-272-3203</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Wanda Kelly</u>		DATE: <u>10/11/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: